BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 488

Registered No. 39

1. PLACE OF DEATH

County Pinal State

District or Township or Village

City Florence No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Wm. Marguand

(a) Residence, No. Florence Ariz St., Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elona Marguand

6. DATE OF BIRTH (month, day and year)

7. AGE: Years 47 | Months — | Days — | IF LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)

(State or country) Kansas

PARENTS

10. NAME OF FATHER Theodore Marguand

11. BIRTHPLACE OF FATHER (city or town)

(State or country)

12. MAIDEN NAME OF MOTHER Thompson

13. BIRTHPLACE OF MOTHER (city or town)

(State or country)

14. Informant Mary Marguand

(Address) Florence

15. Filed 7-10, 1930 D. C. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF ~~BIRTH~~ DEATH: June 1 1930 (Month, Day, Year)

17. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..,

that I last saw ~~him~~ alive on June 1, 1930

and that death occurred, on the date stated above, at 5-00 P. m.

The CAUSE OF DEATH* was as follows:

Direct cause, Accidental Fall of a heavy plank striking on or fracturing vertebra.

(a) Antecedent (duration) yrs. 6 mos. 3 ds.

CONTRIBUTORY (Secondary) Cancer of Stomach

(duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Geo. H. Hutchinson, M.D.

June 1 1930 (Address) Florence Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Florence Cemetery — DATE OF BURIAL: June 8-1930

20. UNDERTAKER: D. C. Martin — ADDRESS: Florence